

<b>Case Number:</b>	CM14-0110659		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/18/2004
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old female who had a work related injury on 11/18/04. The mechanism of injury was not described. The most recent medical record submitted for review is dated 06/18/14. The injured worker reports her pain is in the lower back on this visit. Her average pain level on a VAS was 10 being the worst. It is 1/10 with medications allowing for improved function and mood. 8/10 without medication with decreased function, mood, and impaired ability to sleep. She reports she is performing her home exercise program as outlined by physical therapy in this office. MRI of the lumbar spine dated 07/10/12 revealed progression of L2-3 disc space narrowing, new severe end plate edema, and bilateral facet capsulitis. There was progression of severe left L2-3 foraminal stenosis without definite neural impingement. Examination reveals restricted range of motion, spasm, and tenderness of the paravertebral muscles bilaterally, straight leg raising is negative. Strength, sensation, and reflexes were normal in the lower extremities. Prior utilization review on 06/13/14 was not medically necessary. The current request is for transforaminal lumbar epidural steroid injections bilaterally at L5-S1, Nucynta, and Voltaren. Reviewing the medical records, there is no documentation suggesting an L5 radiculopathy and no updated imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Transforaminal Lumbar Epidural Injection Bilateral L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) Page(s): 46.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The physical exam lacked compelling objective data to substantiate a radicular pathology. Per CA MTUS, a radiculopathy must be documented and objective findings on examination need to be present. Additionally, Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The documentation indicated the caudal epidural steroid injection performed on 07/12/13 provided 30% reduction in pain relief for approximately one month. As such, the request cannot be recommended as medically necessary.

**Nucynta:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use.

**Voltaren:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 70.

**Decision rationale:** As noted on page 43 of the Chronic Pain Medical Treatment Guidelines, Voltaren is not recommending as first line treatment due to increased risk profile. Post marketing surveillance has revealed that treatment with all oral and topical Diclofenac products may increase liver dysfunction, and use has resulted in liver failure and death. The United States Federal Drug Administration advised physicians to measure transaminases periodically in patients receiving long-term therapy with Diclofenac and issued warnings about the potential for elevation in liver function tests during treatment with all products containing Diclofenac Sodium. With the lack of data to support superiority of Diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or nonpharmacological therapy should be considered. As such, the request for Voltaren cannot be recommended as medically necessary.